u.o. Department of Labor Office of Labor-Management -Stendards Wiehington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFIC at AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

Place is mandatory under P.L. 86-257, as amended.

Lit in r inel prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 297/	2, Fiscal Year Covered From:				
N/A - INITIAL FILING	01/01/04 Through: 12/31/04				
3. Name and address of person filing.	4. Name, file number, and address of labor organization.				
Name ROBERT A RENALDI	Name LOCAL UNION # 102 FBFW				
	Labor Organization File Number 104-017				
P.O. Box, Bidg., Room No., If any	P.O. Box, Building and Room Number, If any				
Street 5/6 RUGBY ROAD	Street 3695 HILL ROAD				
CHY PHILLIPS BURG	CHY PARSIPPANY				
State NEW JERSEY ZIP Code + 4 08865	State NJ ZIP Code +4 07054				
5. Position in labor organization.  BUSINESS REPRESENTATIVE					
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.					
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.				
Name Trade Name, If any:	N/A				
P.O. Box, Bldg., Room No., If any	7.b. Amount.				
City	WA				
State ZIP Code + 4					
Signature					
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)					
signed Roll A. Rolli	On 7-5-05 908-859-4552  Date Telephone Number				

Name of Person Filing	File Number U- N/A JUSTICE FILINA
B. Held an interest in or derived income or economic benefit with monetar substantial part of which consists of buying from, selling or lessing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or lessing directly of dealing with your labor organization or with a trust in which your labor organization or with a trust in which your labor organization.	ry value from a business (1) a Otherwise dealing with the business actively seeking to represent, or or indirectly to, or otherwise
8. Name and address of Business (Including trade name, if any).	9. Business deals with:
Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street	a. Labor Organization  b. Trust  c. Employer
State ZIP Code + 4	
10, If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name Trade Name, If any:  P.O. Box, Bldg., Room No., if any	N/A
Street City	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.
State ZIP Code + 4	N/A:
	12.b. Amount.
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of me	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name	14.a. Nature of payment.  N/A RECEIVED NO WIFTS OR GRATUITIES
P.O. Box, Bidg., Room No., if any SCHEBULE  Street ATTACHET	ATTACHED
City ZIP Code + 4	
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.

## FORM LM-30 ATTACHMENT

Part C

13a	13b	14a	14b
Name + Address	E = Employer C=Consultant	Nature of Payment	Amount of Payment
/ V / \			
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